

Dental DHMO Plan (Administered by Cigna) - NEW!

Under the Cigna DHMO plan, dental services are provided through the Cigna network. When you enroll, you select a contract dentist to provide services. The Cigna network consists of private practice dental facilities that have been carefully screened for quality.

Cigna DHMO	
Dental Benefits*	Member Pays
Diagnostic and Preventive Oral Evaluation	No Cost
Prophylaxis Cleaning - 2 per calendar year	No Cost
X-rays (Intraoral) - 1 every 3 years	No Cost
Restorative Amalgam Filing (1-4 Surfaces)	No Cost
Composite Filling Anterior (1-4 Surfaces)	No Cost
Periodontics Gingivectomy—(Per Quadrant)	\$70
Osseous Surgery	\$205
Endodontics Pulp Cap	No Cost
Therapeutic Pulpotomy	\$3
Root Canal Therapy - (anterior, bicuspid, molar)	\$50—\$135
Prosthodontics Immediate—Upper or Lower	\$125 ¹
Complete—Upper or Lower	\$120 ¹
Crown and Bridge Crown—Porcelain/Ceramic Substrate	\$210 ²
Crown—Porcelain Fused to High Noble Metal	\$100 ²
Oral Surgery Extractions—Impacted tooth: Soft tissue	\$25
Extractions—Impacted tooth: Partial bony	\$45
Orthodontics Child to Age 19 Member over Age 19	\$1,100 \$1,600

*Limitations may apply for some benefits; some services may be excluded. Please refer to the Evidence of Coverage or Summary Plan Description for a list of benefit limitations and exclusions. See the "Description of Benefits and Copayments" for a full list of benefits.

¹ Characterization is considered an upgrade with maximum additional charge to the member of \$200 per denture.

² No more than \$150 per tooth for any noble metal alloys, high noble metal alloys, titanium, or titanium alloys. No more than \$75 per tooth for any porcelain fused to metal. Porcelain/ceramic substrate crowns on molar teeth are not covered.

Note: This is a brief summary of benefits. Please refer to the Evidence of Coverage or Summary Plan Description for a detailed list of the benefits that are covered on this plan.

Dental DPPO Plan (Administered by Cigna) - NEW!

Under the Cigna Preferred Provider Organization (PPO) plan, dental services are provided through the Cigna PPO network. However, you can choose to visit any dentist in any location inside or outside of the Cigna network. How much you pay for dental services depends on whether you choose a participating Cigna dentist. If you choose a non-participating dentist, you pay the difference between the amount the dentist receives from Cigna (the “allowable amount”) and the dentist’s charges.

Cigna DPPO		
Dental Benefits*	Cigna Advantage and DPPO Network	Out-of-Network**
Calendar Year Maximum	\$2,000 per member	
Calendar Year Deductible Individual / Family	None	\$50 /\$150
Diagnostic and Preventive Oral Examinations X-Rays Teeth Cleaning Fluoride Treatment Space Maintainers (non-ortho treatment)	100%	100% (deductible waived)
Basic Services Filings Sealants Periodontics (Gum disease) Endodontics (Root Canal) Extractions & Other Simple Oral Surgery	90%	80%
Major Services Restorative - Inlays/Onlays and Crowns Dentures Bridges	60%	50%
Implants	60%	50%
Orthodontia Adults and Children	50% \$2,000 lifetime max	

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** Non-Cigna Dentists are reimbursed at the lesser of the submitted charge or the fee that satisfies the majority of dentists in the same geographical area with the same training (90th percentile of Usual, Customary and Reasonable)

Note: This is a brief summary of benefits. Please refer to the Evidence of Coverage or Summary Plan Description for a detailed list of the benefits that are covered on this plan.

Vision Benefits (Administered by MES) - NEW!

You are eligible for vision coverage through MES Vision. MES provides coverage for eye exams and materials, such as lenses and frames.

Plan Benefits	MES Network	Out-of-Network
Exam	\$10 copay	Plan pays up to \$40
Single Lenses	Covered in Full	Plan pays up to \$30
Bifocal Lenses	Covered in Full	Plan pays up to \$50
Trifocal Lenses	Covered in Full	Plan pays up to \$65
Contact Lenses**		
Elective	\$105 Allowance	Plan pays up to \$105
Medically Necessary	Covered in Full*	Plan pays up to \$250
Frames	\$100 Allowance	Plan pays up to \$40
Benefit Frequency		
Exam	Every 12 Months	
Lenses and Contacts**	Every 12 Months	
Frames	Every 12 Months	

*Subject to Copayment

** In lieu of frames

You may receive benefits when using non-MES providers by submitting your claims directly to MES. Reimbursements will be made as indicated in the out-of-network schedule above. Find a MES network doctor at www.mesvision.com or call (800) 877-6372.

Note: This is a brief summary of benefits. Please refer to the Evidence of Coverage or Summary Plan Description for a detailed list of the benefits that are covered on this plan.